

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000049093

**Entity Name:** 10937 BROWARD L.L.C.**Current Principal Place of Business:**1095 BROKEN SOUND PARKWAY NORTH WEST  
SUITE #300  
BOCA RATON, FL 33487-3501**Current Mailing Address:**1095 BROKEN SOUND PARKWAY NORTH WEST  
SUITE #300  
BOCA RATON, FL 33487-3501 US**FEI Number:** 47-3561268**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHRISTOPHER M. NINOS C.P.A. P.A.  
1600 SOUTH DIXIE HIGHWAY  
SUITE #503  
BOCA RATON, FL 33432-7454 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	AMBR
Name	LANSMAN, DANIEL L
Address	1095 BROKEN SOUND PARKWAY NORTH WEST SUITE #300
City-State-Zip:	BOCA RATON FL 33487-3501

Title	MGR
Name	LANSMAN, DANIEL L
Address	1095 BROKEN SOUND PARKWAY NORTH WEST SUITE #300
City-State-Zip:	BOCA RATON FL 33487-3501

Title	AMBR
Name	LANSMAN, STACEY ESKIN
Address	1095 BROKEN SOUND PARKWAY NORTH WEST SUITE #300
City-State-Zip:	BOCA RATON FL 33487-3501

Title	MANAGER
Name	LANSMAN, STACEY ESKIN
Address	1095 BROKEN SOUND PARKWAY NORTH WEST SUITE #300
City-State-Zip:	BOCA RATON FL 33487-3501

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DANIEL L. LANSMAN

MANAGER

01/12/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date